

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance MANN -3 PM 3:29

OFFICE

HER, MA

File with:

City or Town Clerk or Election Commission

1/3/2018

Reporting Period - Beginning: 10/21/2017	Ending: 12/31/2017	
Type of report: Year-end		
Mark Bodanza	Committee to Elect Mark C. Bodanza	
Full Name of Candidate	Committee Name	
City Councillor Ward 4	David Bodanza	
Office Sought/ District	Name of Committee Treasurer	
23 Kendall Hill Road	36 School Street	
Leominster, MA 01453	Leominster, MA 01453	
Residential Address	Committee Address	

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$7,164.20
Total receipts this period:	\$1,250.00
Subtotal:	\$8,414.20
Total expenditures this period:	\$508.80
Ending Balance:	\$7,905.40
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of bank(s) used: Bank of America	

Affidavit of Committee Treasurer:

I certify that I have examined this report, including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including all contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

1-3-2018

Date

Affidavit of Candidate (check 1 box only) :

lacksquare Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

oxdot Candidate without Committee OR candidate with independent activity filing separate report.

I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

120.B

1-3-18

Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employer
10/26/2017	Cormier, David 9 Deer Run Road Leominster, MA 01453	\$100.00	Telecom Verizon
10/31/2017	Leblanc, Ronald J. 68 Kendall Hill Road Leominster, MA 01453	\$100.00	Retired
10/24/2017	Lisciotti, Gregg 83 Orchard Hill Park Drive Leominster, MA 01453	\$500.00	Development Self Employed
12/5/2017	Mullaney, David 17 Federal Circle Leominster, MA 01453	\$250.00	Consultant Self Employed
10/23/2017	Preville, Donald 1237 Central Street, #36 Leominster, MA 01453	\$100.00	Landscaper Self Employed
10/27/2017	Tocci, Robert G. 60 Colonial Drive Leominster, MA 01453	\$100.00	Business Owner Aaron Industries
10/26/2017	Wiiks, Wendy 142 Blossom Street Leominster, MA 01453	\$100.00	Grant Writer City of Leominster
	zed Receipts mized Receipts pts	\$1,250.00 \$0.00 \$1,250.00	

Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
10/26/2017	Apple Hill Farm 143 Joslin Street Leominster, MA 01453	\$450.00	Fundraiser Event Locale
10/30/2017	Bodanza & Bodanza 36 School Street Leominster, MA 01453	\$58.80	Postage
	zed Expenditures mized Expenditures ditures	\$508.80 \$0.00 \$508.80	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Item	ized Inkind Contributions	\$0.00	
Total Unit	emized Inkind Contributions	\$0.00	
Total Inki	nd Contributions	\$0.00	

Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date To Whom Due Amount Purpose

Total Outstanding Liabilities

\$0.00



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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Manager and	5
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City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Ending Decem Reporting Period Beginning Octo Type of report: (Check one) ☐8th day preceding election ☐30 day after election ☐8th day preceding preliminary G. Stassen Full Name of Candidate (if applicable) Committee Name Ward 1 School Committee Office Sought and District Name of Committee Treasurer Residential Address Committee Mailing Address 978-514-4879 Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) **S** O Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) **\$** O Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: . Tressurer's signature (in ink) FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)	•
Candidate with Committee and no activity independent of the committee	
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true ar	id complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of	M.G.L. c. 55. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.	
Candidate without Committee OR Candidate with independent activity filing separate report	
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true an	d complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for thi	s reporting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirem	ents of M.G.L. c. 55.
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Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Office of Campaign and Political Finance
2018 JAN -8 AM 8: 34
e print or type all information, except signatures.
Date Year Month Date Year On the Head of
ay preceding election 30 day after election vear-end report dissolution
Committee to elect bavid R Corm Chusting M South Name of Committee Treasurer A Scen Run Rd Leaminster, MA Committee Mailing Address 978-466-9666 Tel. No. (optional)
mary Balance Information: nce from previous report ts this period (page 2, line 11) 1 plus line 2) ditures this period (page 3, line 14) nce (line 3 minus line 4) s (859.45) tstanding liabilities (page 4) s (s) used Leominster Credit Union
ttached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period ersons acting under the authority or on behalf of this committee in accordance with the requirements of a under the penalties of perjury:
ATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
pendent of the committee ttached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all ler the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I dilities nor made any expenditures on my behalf during this reporting period. ith independent activity filing separate report ttached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period tersons acting under the authority or on behalf of this committee in accordance with the requirements of the under the penalties of perjury: Amuse Park Park

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Name and Residential Address Received (alphabetical listing required)		alphabetical listing required)		Occupation & Employer (for contributions of \$200 or mor		
10/25/	Pasta Supper donations	1253	00	, and the state of		
·						
			740000	•		
	otal receipts in excess of \$50 (or listed above)	12.53	00			
Line 10: To	otal receipts \$50 and under* (not listed above)					
Line 11: To	OTAL RECEIPTS IN THE PERIOD	1253	00	Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amo	unt
	(alphabetical listing)		·		T
10/22/17	BJ'S Wholesale Club	115 Exdman Way	pasta Supper	66	92
,		Leominster. MA 01453	supplies		
11/30/17	Gazban	1045 Central St Leominster MA 01453	presidento dinnes	299	56
10/25/17	Hannaford	118 Lamcaster St	bread for pasta supper	60	49
10/25/17	Bolton Orchands	Leominster MA 01463 125 Still River	Salad items		
0/25/17	2011011 OF GROOMS	Bolton MA 01740	Por pasta suppon	139	00
10/24/17	Midtown Beef	87 water St Fitchburg MA 01420	meatballs etc for pasta Supper	297	17
11/1/17	USPS	69 Pleasant St Gardner MA 01440	postage for Thank you nots	29	40
			. :		
			1		
·					
		,			
					·
				<i>(</i>)	
			Expenditures over \$50	892	54
			Expenditures \$50 and under*		
]	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	892	54

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/25/17	Donald & Christine Souter	82 Glenwood DR. Leominster, MA 01453	DJ for pasta supper	200.00
				in the state of th
		Line 15:	In-kind over \$50	200.00
		Line 16:	In-kind \$50 and under	in an acceptable of the second
	Enter on page 1, line 6	Line 17:	Total In-kind	20 D.OD

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date	To Whom Due	Address	Purpose	Amount
Incurred			·	
9/10/09	David Cormier	9 Deer Run Rd	Campaign/loan	#220.00
	Davide Commen	Leominster, MA 01453		
11/28/16	David Cormier	9 Deer Run Rd	Campaign/Loan	\$ 1000.00
	Latitude Commen	Leominster, MA 01453	acripacyn war	4 1000.00
7/24/17	David Cormier	9 Deer Run Rd	Campaign Lloan	\$19.96
		Leominster MA 01453	Stationary/ Fund	
8 24/17	David Cormier	9 Deer Run Rd	Campaign / Loan Stationary Donations	\$21.24
	Davia Corriner		Stationary letters	,
7/10/17	David Cormier	9 Deer Run Rd Leominster MA 01453	Campaign/Loan	\$ 200.00
9/19/17	David Cormier	9 Deer Run Rd. Leominster MA 01453		\$125,00
	Enter on page 1, line 7	Line 18: OUTSTANDING		₱1586.20

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2018 JAN 10 PM 12: 38

	e print or type all info	rmation, except sig	natures.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FFICE
Fill in dates: Reporting Period Beginning //	Date Year	7 Ending_	Month 12	Date 31	Year 2017
Type of report: (Check one) ☐8th day preceding preliminary ☐8th d	lay preceding election	∄30 day after e	lection 🕒	year-end report	□dissoluti
Biandon L. Robbins Full Name of Candidate (if applica Councilor @ Large Office Sought and District 225 Legate Hill Rd. Leom Residential Address	able)	ousan K. Ro Name of 25 Legate H	boins [Committee Na	reasurer Leomins	
Tel. N	No. (optional)			Tel. No. (op	otional)
Line 1: Ending balance Line 2: Total receipts Line 3: Subtotal (line 1 p Line 4: Total expendite Line 5: Ending balance Line 6: Total in-kind con Line 7: Total (all) outstan	this period (pag plus line 2) ures this period e (line 3 minus line 4	d (page 3, line 14)	\$ 20 \$ 73 \$ 9 \$ 10 \$	86.04 80.04 00.00 -13.96	
Line 8: Name of bank(s)			nion	3983/	
Idavit of Committee Treasurer: rtify that I have examined this report including attached so nce activity, including all contributions, loans, receipts, ex paign finance activity of all persons acting under the autho Sign Surer's signature (in ink)		n-king contributions and amittee in accordance wit			of all campaign nd represents the
FOR CANDIDATE I	FILINGS ONLY	(CANDIDATE MUST	SIGN BELOV	**)	
avit of Candidate: (check 1 box only) indidate with Committee and no activity independent of fy that I have examined this report including attached sche c activity, of all persons acting under the authority or on b	of the committee	of my knowledge and heli			all campaign

☐ Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. - Signed under the penalties of perjury:

contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate signature (in ink)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

number on e		7 .		Occupation & Employer		
Date	Name and Residential Address	Amount		(for contributions of \$200 or more)		
Received	Tustin Harrington	220	00	Cam Treeservices		
				<u> </u>		
11/27	Ed Zephir, JR 437 West ST. Leominster, Ma	500	00	united solutions		
2 1						
				-		
Line 9: To	otal receipts in excess of \$50 (or listed above)	720	00			
	otal receipts \$50 and under* (not listed above)		00			
ine 11: T(OTAL RECEIPTS IN THE PERIOD	720	00	Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid To Whom Paid (alphabetical listing)		Address	Purpose of Expenditure	Amour		
11/14/2017	Creative Print Products	243 Whitney ST Leominster, Ma.	Campaign Signs.	480	0	
128/2017		11	,,	520	0	
					L	
·						
	3					
				·		
					· .	
					_	
, ,			spenditures over \$50	0000	0	
. · ·	er on page 1, line 4		penditures \$50 and under* OTAL EXPENDITURES	100 1. M N	<u>ソ</u>	

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
			t men	
				. %
				#1. 1. 1.
, .				
			4	
		Line 15:	In-kind over \$50	<
i,		Line 16: 1	n-kind \$50 and under	5
E	inter on page 1, line 6	Line 17: 7	Total In-kind	}

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/27/17	Creative Print Products	243 Whilney ST Leomenster Mas	Signage + T'Shirts	39831
E	inter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

Massechusetts			· · · · · · · · · · · · · · · · · · ·	IEEIOP.
e with: by or Town Clerk or Election Commission	se print or type all informa	ntion except signatures	TEN MOTER	PFICE MA
Plea	ise print of type an intorna	ation, except signatures.	•	
Fill in dates: Reporting Period Beginning	Date Year 201	Ending 1	51	<u>200</u>
Type of report: (Check one) ☐8th day preceding preliminary ☐8th	day preceding election	30 day after election	Wear-end report	□dissolution
Full Name of Candidate (if apple of Candidate) Office Sought and District of Candidate (if apple of Candidate) Residential Address Telescope of Candidate (if apple of Candidate) Telescope of Candidate (if apple of Candidate)	2 A+10x9 _	Committee Ma Committee Ma Committee Ma	HOLENS ittee Treasurer SON St	ndy Ande
Line 1: Ending balantine 2: Total receipts Line 3: Subtotal (line Line 4: Total expend Line 5: Ending balantine 6: Total in-kind of Line 7: Total (all) outs Line 8: Name of bank(ts this period (page 2 1 plus line 2) litures this period (1ce (line 3 minus line 4) contributions this period (page 2)	report \$ 2, line 11) \$ \$ (page 3, line 14) \$ \$ riod (page 4) \$ age 4) \$ \$	39.47 39.47 39.47	
asurer's signature (in ink)	s, expenditures, disbursements, in-i uthority or on behalf of this comm Signed under the penalties of pe	cind contributions and habilite intee in accordance with the requirer:	pirements of M.G.L. c. 55.	of all campaign nd represents the
resyster's signature (in ink)	E FILINGS ONLY:			

Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
t continue to be the table avancing this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 33. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Consider without Committee OR Condidate with independent activity filling separate report
I contifue that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the
campaign fihance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M. G.L. c. 35.
Signed under the penalties of perjury:
Candidate signature (in ink)



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CARY Zumerman

2018 JAN 1 1 PM 2: 01

City or Tov	wn of: <u>Leonins</u>	TER:	RK'S OFFICE
Fill in Repo	orting Period dates: Beginning	ng Date: OCT 26 2017 E	nding Date: Dec 31 2017
☐ 8th day	Report: (Check one) preceding ☐ 8th day preceding		
	nary/primary	(Town or Special)	(Year-End Report)
 I certify th I certify th and do not 	.G.L., Chapter 55: at I am a candidate for or hold Municipa at I have not received any contributions, have a campaign fund in existence. at I do not have a political committee.		ny obligations during this reporting period,
DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
	Signed under the penalties of perjury	(Street and Number)	
1/11/18	Johny	47 tynnhaven RD	City Council
			•
:			



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

7010 1101 6 1M 9: 115
Please print or type all information, except signatures.

City or Town of: Leominster			
Reporting Period: Beginning:	10-21-17	Ending: 12/31/2017	STER, WA
- Industrial	(MM/DD/YYYY)		(MM/DD/YYYY)
Type of Report: (Check One)			
☐ 8th day preceding preliminary/primary ☐ 8th day preceding election	☐ 8th day preceding election	30th day following election (town or special)	∑ 20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55:			The control of the co
1 I certify that I am a candidate for or currently hold Municipal Office	currently hold Municipal Office		

- 1. I certify that I am a candidate tor or currently hold Municipal Office.
 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
 3. I certify that I do not have a political committee.

 	 	 			 	1
					1/10/2018	DATE
					Suzanne O Koehler	PRINT NAME
					Sugarne O-Keehler	SIGNATURE Signed under the penalties of perjury
					541 Merriam Avenue	RESIDENTIAL ADDRESS (Street and Number)
					School Committee-At-Large	OFFICE SOUGHT



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

2918 JAN 16 AM 10: 17

Commonwealth of Massachusetts	•			C. Columbia
File with: City or Town Clerk or Election Commission F	Please print or type all	information, except sign		Exist ER. MA
Fill in dates: Reporting Period Beginning 10	- 21 - 2017	YearEnding	Month Date: 12 - 31 -	Year 2017
Type of report: (Check one) ☐8th day preceding preliminary ☐	8th day preceding elec	tion 30 day after el	lection Dyear-end	report
	rict	Laurie Name of 1/0 320 Pleas	ttee Mailing Address	r
	Ter. No. (optional)		10.	Tro. (optional)
Line 1: Ending ba Line 2: Total recei Line 3: Subtotal (iii Line 4: Total expending bal	lance from previpts this period one 1 plus line 2) nditures this pe	(page 2, line 11) riod (page 3, line 14)	\$ 615,06 \$ \$ 615,06	
Line 6: Total in-kind Line 7: Total (all) ou Line 8: Name of ban	ıtstanding liabilit	ies (page 4)	\$ n/a \$ n/a o Cradit Ception	
Affidavit of Committee Treasurer: certify that I have examined this report including att. nance activity, including all contributions, loans, recomming a section of the persons acting under the contribution of the contribution	eipts, expenditures, disbursem	ents, in-kind contributions and his committee in accordance wi	liabilities for this reporting the the requirements of M.G.	period and represents the
easurer's signature (in ink)			Date /	<u></u>
EOD CANDIDA	TE EII INGS ON	T.V: (CANDIDATE MUS	T CICN DELOUA	

. = 311.3111			•	
		<u>,</u>		
Affidavit of Candidate: (check 1 box only)		•		
Candidate with Committee and no activit	y independent of the committee	7		
I certify that I have examined this report includ	ing attached schedules and it is, to	the best of my knowledge	and belief, a true and comp	lete statement of all campaign
finance activity, of all persons acting under the	authority or on behalf of this comu	mittee in accordance with	the requirements of M.G.L.	c. 55. I have not received any
contributions, incurred any liabilities nor made a	my expenditures on my behalf duri	ng this reporting period.		
Candidate without Committee OR Candid	late with independent activity fill	ing separate report		
I certify that I have examined this report includi-	ng attached schedules and it is, to t	the best of my knowledge	and belief, a true and compl-	ete statement of all campaign
finance activity, including contributions, loans,	receipts, expenditures, disbursemer	nts, in-kind contributions :	and liabilities for this report	ing period and represents the.
campaign finance activity of all persons acting u	ider the authority or on behalf of the	his committee in accordant	ce with the requirements of h	M.G.L. c. 55.
	Signed under the penalties of			e me
hina K. Ogela			1/15/18	· · · · · · · · · · · · · · · · · · ·
Candidate signature (in ink)	• •		Date	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Receive	•		Amo	unt	Occupation & Employer (for contributions of \$200 or more
•					
			·		
	<u>-</u> -				
e 9: Tota	al receipts in excess of \$50 (or listed above)	n/h			
e 10: Totz	al receipts \$50 and under* (not listed above)	n/w			
11: TO	TAL RECEIPTS IN THE PERIOD	n a		Ent	er on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid		Address	Purpose of Expenditure	Am	our
11/ (320 Pleasant St	Reinbresse-for Expenses		
11/8/17	Nona L. Ojala	Leoninte	Expenses	40	77
					.
	,				,
				·	
		·			
		Line 12: Ex	kpenditures over \$50	<u> </u>	
,		Line 13: Ex	openditures \$50 and under*	6 77	
Ente	r on page 1, line 4.	Line 14:TO	OTAL EXPENDITURES	10/17	•

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Receive	d* Residential Address Description of Contribution	Value
-			
		Line 15: In-kind over \$50	
		Line 16: In-kind \$50 and under	
E	nter on page 1, line 6	Line 17: Total In-kind	n/0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor, in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date	To Whom Due	Address	Purpose	Amount
Incurred		· ·		
	A."			
c. E	Enter on page 1, line 7	Line 18: OUTSTANDING I	LIABILITIES (ALL)	. Mar

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4

Commonwealth .

of Massachusetts

Josh W. Dowdridge Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2018 JAN 18 AM 8: 33

City or Tov	wn of: Leominster	0	PRKIS OFFICE
Fill in Repo	orting Period dates: Beginnin	ng Date: 10/21/17 Ending	g Date: ///8//8
Type of R	Report: (Check one)		
	preceding Sth day preceding e	election 30th day following election	on 20th day of January
,	nary/primary	(Town or Special)	(Year-End Report)
 I certify the I certify the and do not 	.G.L., Chapter 55: at I am a candidate for or hold Municipal at I have not received any contributions, have a campaign fund in existence. at I do not have a political committee.	l Office. made any expenditures, or incurred any ob	oligations during this reporting period,
DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
-	Signed under the penalties of perjury	(Street and Number)	
1/18/18	John John S	10 Tisdale Ave	School comm.
			\$

RINAL HOULE

Form CPF M 102-0: Campaign Finance Report Municipal Form

	TA	Truth a berr a 'Ar 111		
	Office o	f Campaign and Political Finance		•
Commonwealth f Massachusetts	Kenely Seu	2018	MN 18 AM 11: 10	
City or Town of:	Cemual	an Mad c	Plate FEICE	
Fill in Reporting Period	dates: Beginning Date:	Oct 21 2017 Ending D	ate: 0031878	to EF
				· .
Type of Report: (Che	ck one)			
8th day preceding preliminary/primary	☐ 8th day preceding election	30th day following election (Town or Special)	20th day of January (Year-End Report)	•
Pursuant to M.G.L., Chapter 1. I certify that I am a candid	date for or hold Municipal Office.			•

- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

	DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
		Signed under the penalties of perjury	(Street and Number)	
	MISIE	Meddled	35/xH911101	Leeniala Elos
		V		
.				
				-
		,		
	:			



Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Commonwealth of Massachusetts			2018 JAN 18	PM 12: 05
File with: City or Town Clerk or Election Commission Plea	ase print or type all inform	nation, except signatures.	TEOMINST	S OFFICE ER, MA
Fill in dates: Month Reporting Period Beginning 01	Date Year	Ending (2)	Date 3)	Year 20/7
Type of report: (Check one) ☐8th day preceding preliminary ☐8th	h day preceding election	☐30 day after election	□year-end report	∏dissoluti
Office Sought and District 54 Rose Ave, Leoning Residential Address 9789406478	1 01455 54 1574 MA 54	Committee Ma Committee Ma Committee Ma Committee Ma Committee Ma Committee Ma	ittee Treasurer	6478
Line 1: Ending bala Line 2: Total receip Line 3: Subtotal (line Line 4: Total expend Line 5: Ending balan Line 6: Total in-kind of Line 7: Total (all) outs Line 8: Name of bank(ts this period (page 1) I plus line 2) Iitures this period nce (line 3 minus line 4) contributions this period standing liabilities (p	2, line 11)	39/,00 250,00 141.00	
Ildavit of Committee Treasurer: ertify that I have examined this report including attach ance activity, including all contributions, loans, receipt mpaign finance activity of all persons acting under the a	s, expenditures, disbursements, in-	kind contributions and liabilities nittee in accordance with the requ	s for this reporting period an	of all campaign
casurer's signature (in ink)			Date	·
easurer's signature (in ink) FOR CANDIDAT	E FILINGS ONLY:	(CANDIDATE MUST SIGN I		·

Date

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Pa	n each page. To Whom Paid (alphabetical listin		Address		Purpose of Expendi	j	•	nour
B/2/20	17 Tarebook		Menlo Park,	A	Past due adver with Face boo Ponated money:	HISING K	250	70
12/2/201	Placebook Pilgrim Church Food Bank		West Streat	f)	Powarted Money:	10	171	d
		٠	/				×1.	
							-	
	,							,
-								
	•							
	•							
		-						
.								
	T		Line 12:	Ехре	enditures over \$50	39.1	00	
			Line 13: I	Expe	enditures \$50 and under*	C	j ().	
En	ter on page 1, line 4.		Line 14:7	ГОТ	AL EXPENDITURES	39/	100	.

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3



Form CPF M 102: Campaign Finance Report

Municipal Form

2018 JAN 19 PM 12: 08

Office of Campaign and Political Finance

APPENDING OFFICE

of iviassachusens			I	ile with: City	or Town Cler	k or Election Com	mission
Fill in Reporting Period dates: Beginning Date:	1/1/20)17	Ending D		/31/2017		
Type of Report: (Check one)							
8th day preceding preliminary 8th day preceding election	on [] 30 day a	after election	year-e	nd report	dissolutio	'n
Andrea Freeman		Commit	ee to Elect And	rea Freemar	1		
Candidate Full Name (if applicable)				Committee 1	Name		
Leominster School Committee, At-Large		Miriam S	cagnetti				
Office Sought and District			Nar	ne of Committe	ee Treasurer		
431 Pleasant Street, Leominster, MA 01453		54 Greei	Street, A405,	Leominster,	MA 01453		
Residential Address			Co	mmittee Mailii	ng Address		
Telephone Number (optional): 9785370403		Telephone 1	Number (optional):		978534	4965	
SUMMARY BALA	NCE	E INFOR	RMATION:				
Line to Pulling Polymer Community and a		Γ			OFO 4		
Line 1: Ending Balance from previous report					-853.4		
Line 2: Total receipts this period (page 3, line	e 11)					0	
Line 3: Subtotal (line 1 plus line 2)					-853.4	17	
Line 4: Total expenditures this period (page 5	5, line	14)				0	
Line 5: Ending Balance (line 3 minus line 4)	****				-853.4	17	
Line 6: Total in-kind contributions this period	d (pago	e 6)				0	
Line 7: Total (all) outstanding liabilities (pag	e 7)				853.4	,7	
Line 8: Name of bank(s) used: Rollstone Bank	& Trus	t, Leomins	ter, MA				
Affidavit of Committee Treasurer:							
I certify that I have examined this report including attached schedules and it is, to th activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this commit	kind cor	ntributions ar	d liabilities for this	reporting perio	od and represer		Эе
Signed under the penalties of perjury: Les Scagnes			(Treasurer's		Date:	1/18/201	18
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check		only)				<u> </u>	
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this rep	in acco	rdance with t		-	•		
Candidate without Committee OR Candidate with independent activity fill I certify that I have examined this report including attached schedules and it is, finance activity, including contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf	to the be ments, in	est of my kno n-kind contri	butions and liabilitie	es for this repor	rting period an	d represents the	
Signed under the penalties of perjury:			(Candidate's	signature)	Date:	1/17/2018	8

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/20/2015	Andrea Freeman	431 Pleasant Street, Leominster, MA 01453	campaign loan	76.24
10/20/2015	Andrea Freeman	431 Pleasant Street, Leominster, MA 01453	campaign loan	478.13
10/24/2015	Andrea Freeman	431 Pleasant Street, Leominster, MA 01453	campaign loan	19.10
10/26/2015	Andrea Freeman	431 Pleasant Street, Leominster, MA 01453	campaign loan	140.00
10/29/2015	Andrea Freeman	431 Pleasant Street, Leominster, MA 01453	campaign loan	140.00
From The	Desk Of	Andrea F	REEMAN	
1/17/20 To U	o18 how it May	Concern:		
Pa	DAGE ACCOUNT the	is written notic	e that	
1 For	a Ma Nont	of the Canpa	194 12	
\$853,		erely, Andrea Freed		
		431 Pleasant	<i>5</i> †	
		Looningder, N 978-537-04		



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2018 IAN 1-9 PM 12: 48

Commence weight of Massichusetts)F
File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.	of base
Fill in dates: Reporting Period Beginning 10 2 2 7 Ending 12 3 20 7	
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dis	solution
ISOURCE FILE OF Full Name of Candidate (if applicable) Ward 3 School COMMITTEE Office Sought and District POUCE HOUSE IN Residential Address (978) - 833 - 3358 Committee Mailing Address	
Tel. No. (optional)) .
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used	
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all can inance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and representations are activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:	npaign nts the
reasurer's signature (in ink) Date	
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	
Mdavit of Candidate: (check I box only) Candidate with Committee and no activity independent of the committee	

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filling separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2018 IAN 22 AM 10: 29

City or Tov	vn of: Learnins	ter		RK'S OFFICE
Fill in Repo	rting Period dates: Beginni	ng Date:	Endir	ng Date: 10310 R. WA
Type of R	eport: (Check one)			
8th day	preceding 8th day preceding	election	30th day following elect: (Town or Special)	on 20th day of January (Year-End Report)
 I certify the I certify the and do not 	G.L., Chapter 55: at I am a candidate for or hold Municipat I have not received any contributions have a campaign fund in existence. at I do not have a political committee.	al Office. , made any ex		
DATE	I. SIGNATURE		SIDENTIAL ADDRESS	III. OFFICE SOUGHT
	Signed under the penalties of perjury	(S	treet and Number)	
8/66/1	Elou Luff	139	tighlanda	School Commette
			J	
		·		_
·	•	·		
	•			
:				



Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

Please print or type all information, except signatures. Please print or type all information except sig	Massachasetts	AIT IU: 53
Type of report: (Check one)	City or Town Clerk or Election Commission	information, except signatures.
Sth day preceding preliminary 8th day preceding election 330 day after election 4300 day after election 330 day after election 4300 day after election 330 day after election 330 day after election 330 day after election 3400 day after election 4300 day after election 43		Year Month Date Year
Name of Committee Treasurer Committee Mailing Address Committee Mailing Address		ction □30 day after election Ayear-end report □dissolution
Name of Committee Treasurer Committee Mailing Address Committee Mailing Address	Chaviale Noitkus	
Committee Mailing Address Committee Mailing Address Committee Mailing Address Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used COMMITTEE Treasurer: Individe of Committee Treasurer: Individed Committee Treasurer: Individed Committee Treasurer: Individual I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign mea activity, uncluding all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the mpaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. e. 35. Signed under the penalities of perjury: Surver's signature (in ink) Date FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)		Committee Name
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used COMINTAL YEAR OF THE ALL	OCIS WOLLD STANTS	Name of Committee Treasurer
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used COMMON OF CARDITURES (Including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the appaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the appaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L c. 55. Signed under the penalties of perjury: Date FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)		Committee Mailing Address
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Committee Treasurer: entity that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign ance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the mpaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Date FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	978 846-9653 Tel. No. (optional)	Tel. No. (optional)
Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used COMINTEN CYCUIT UNICATED TO A COMMINITY OF CYCUIT UNICATED TO A COMMINICATED TO A COMMINICATED TO A COMMINICATED TO A COMMINITY OF CYCUIT UNICATED TO A COMMINICATED TO A COMMI	Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this pe	(page 2, line 11) \$ \(\sigma \) \(\sigma \
Line 8: Name of bank(s) used COMINTENCYCUIT UNICAL Indavit of Committee Treasurer: Intertify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign muce activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the major finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L c. 55. Signed under the penalties of perjury: Basurer's signature (in ink) Date FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	Line 6: Total in-kind contributions the	nis period (page 4) \$
entify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign ance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the mpaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Date FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)		
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	ertify that I have examined this report including attached schedules and it is, to ance activity, including all contributions, loans, receipts, expenditures, disburser apaign finance activity of all persons acting under the authority or on behalf of t	nents, in-kind contributions and liabilities for this reporting period and represents the his committee in accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	de dimension (in int)	Date
andidate with Committee and no activity independent of the committee	to at a 7 to a contribute the first and the contribute and a charles and it is to the	a band of my broughdon and ballof a two and complete etatement of all assembles.

Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity I certify that I have examined this report includir finance activity, of all persons acting under the a contributions, incurred any liabilities nor made at Candidate without Committee OR Candidat I certify that I have examined this report including finance activity, including contributions, loans, recampaign finance activity of all persons acting under the contributions.	ng attached schedules and it is, to the buthority or on behalf of this committe by expenditures on my behalf during the state with independent activity filing so g attached schedules and it is, to the beceipts, expenditures, disbursements, in	e in accordance with is reporting period. eparate report est of my knowledgen-kind contributions ommittee in accorda	the requirent e and belief, a and liabilitie	ents of M.G. true and con s for this rep	L. c. 55. I have aplete statement orting period an	not received any of all campaign
	organica under the permittes of per	, m, j,		•		
Candidate signature (in ink)				Date	•	



Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

7018 JAN 22 PM 1: 46

•	TOUR OFFICE
e with: y or Town Clerk or Election Commission	Laurine TER, MA
Please print or type all ini	formation, except signatures.
Fill in dates: Month Date Year Reporting Period Beginning / 0 20 /	Finding 12 - 31 - 1
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	on □30 day after election Xvear-end report □dissolu
Full Name of Candidate (if applicable)	Committee Name
Ward 3 Schallomm /	
Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANCE Line 1: Ending balance from previous Line 2: Total receipts this period (particle 4: Total expenditures this period) Line 4: Total expenditures this period	ous report \$
Line 5: Ending balance (line 3 minus line	
Line 6: Total in-kind contributions this	
Line 7: Total (all) outstanding liabilities	S (page 4) \$
Line 8: Name of bank(s) used	
lavit of Committee Treasurer: ify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements	 in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of	ot perjury:

Affidavit of Candidate: (check I box only)	•
Candidate with Committee and no activity independent of the committee	
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all	campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not re	ceived any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.	
$oxtil{\mathbb{M}}$ Candidate without Committee $\overline{ ext{OR}}$ Candidate with independent activity filling separate report	
certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all	campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and repr	esents the
rampaign finance activity of all persons acting under the authority of on behalf of this committee in accordance with the requirements of M.G. L.c. 55	

Signed under the penalties of perjury:

Candidate signature (in ink) Date



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

25;2 MN 22 PM 2: 27

						City or Town Clerk	k or Elect	ion Commission
Fill in Reporting Period dates:	Beginning Date: 0	01/01/2	2017	Ending D	Date:	11/06/2017		_
Type of Report: (Check one)						· · · · · · · · · · · · · · · · · · ·		
8th day preceding preliminary	8th day preceding election	on [] 30 day	after election	Пу	ear-end report	dis	solution
						-		
Deborah Toivonen			Commit	tee to Elect Deb	orah Toi	vonen		
Candidate Full Name (if	applicable)				Comm	ittee Name		
Council, Worcester, Leominster, City of			Donna F					
Office Sought and I						nmittee Treasurer		
14 Macintosh Lane, Leominster, MA 014 Residential Addr			75 Cons	titution Dr., Leor		MA 01453 Mailing Address		
E-mail:	-		E-mail:		minitiee	waamig / tuuless		
Phone # (optional):			Phone # (c	ptional):				
	SUMMARY BALA	NCE	INFO	RMATION:				
Line 1: Ending Balance	ce from previous report			e de Colon e dissiple de Marian aus de relações de servicios e mandre e en escalar e mandre e en escalar e en e		121.9	4	
Line 2: Total receipts	this period (page 3, line	:11)			P. 15 Turn 20.27 18 17 14 17 14 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 1		0	
Line 3: Subtotal (line	1 plus line 2)					121.9	4	
Line 4: Total expendi	tures this period (page 5	i, line	14)			121.9	4	
Line 5: Ending Balance	ce (line 3 minus line 4)			77 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		A TO TO THE POST OF THE POST O	0	
Line 6: Total in-kind	contributions this period	l (page	e 6)			1	3	
Line 7: Total (all) out	standing liabilities (page	e 7)				CACOPER FORTHWOOD MILES CONTROL OF THE PROPERTY OF THE PROPERT	0	
Line 8: Name of bank	(s) used: Rollstone Bank	& Trust						
Affidavit of Committee Treasurer: I certify that I have examined this report including a activity, including all contributions, loans, receipts, finance activity of all persons acting under the authority of the penaltics of perjury:	expenditures, disbursements, in-	kind con	tributions a cordance w	nd liabilities for this	reporting of M.G.L	period and represer	nts the car	npaign
FOR CANDIDATE FILINGS ONLY:	Affidavit of Candidate: (check	c 1 box o	nlv)					
Candidate with Committee and no activity is I certify that I have examined this report include activity, of all persons acting under the authoric incurred any liabilities nor made any expenditu	ndependent of the committee ing attached schedules and it is, by or on behalf of this committee res on my behalf during this repo	to the be in accor orting pe	st of my kn dance with riod.	the requirements of I	a true and M.G.L. c.	complete statement 55. I have not rece	t of all car	mpaign finance contributions,
Candidate without Committee OR Candidate I certify that I have examined this report include finance activity, including contributions, loans, campaign finance activity of all persons acting	ing attached schedules and it is, receipts, expenditures, disburser	to the be ments, in	st of my kn	owledge and belief, a libutions and liabilities	s for this	reporting period an	d represei	mpaign nts the
Signed under the penalties of perjury:				(Candidate's	signature	Date:		

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Philipping and a second		
		THE RESERVE OF THE PROPERTY OF	The second secon	
		And the second s		Part of the second of the seco
	The second secon			
		TOTAL TOTAL DOMAIN AND AND AND AND AND AND AND AND AND AN	20000 1000 1000 1000 1000 1000 1000 100	
	7.77.77.77.77.77.77.77.77.77.77.77.77.7			
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	nder* (not listed above)	
	ŀ			
		Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	121.94

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

ease itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Pate Received	From Whom Received*	Residential Address	Description of Contribution	Value
				And the second of the second o
]		
				And the second s
				A CONTRACT OF THE PARTY OF THE
				None of the second seco
The state of the s				
		Line 15: In-Kind Contributions o	over \$50 (or listed shows)	
		Line 16: In-Kind Contributions \$5		12.00
	f f	Line 17: TOTAL IN-KIND CO	<u> </u>	13.00

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 JAN 22 PM 2: 27

Date:

(Candidate's signature)

THERE'S OFFICE File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: Ending Date: 12/31/2017 10/21/2017 Type of Report: (Check one) year-end report dissolution 8th day preceding preliminary 8th day preceding election 30 day after election Committee to Elect Thomas F. Ardinger Thomas F. Ardinger Candidate Full Name (if applicable) Committee Name City Council Donna Fiduccia Name of Committee Treasurer Office Sought and District 75 Constitution Dr., Leominster, MA 01453 12 Narcissus Rd., Leominster, MA 01453 Committee Mailing Address Residential Address dfiduccia@verizon.net E-mail: Phone # (optional): Phone # (optional): **SUMMARY BALANCE INFORMATION:** 538.80 Line 1: Ending Balance from previous report 1,615.00 Line 2: Total receipts this period (page 3, line 11) 2,153.80 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) 1,776.51 377,29 **Line 5:** Ending Balance (line 3 minus line 4) 78.37 Line 6: Total in-kind contributions this period (page 6) 13,618.29 Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Rollstone Bank & Trust Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: 1/22/2018 Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the

campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Candidate without Committee OR Candidate with independent activity filing separate report

Signed under the penalties of perjury:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/1/2017	Thomas F. Ardinger 12 Narcissus rd. Leominster, MA 01453	62.00	Loan
10/26/2017	Henry C. Kulik, Jr. 46 Oakmont Ave. Westminster, MA 01473	100.00	Self-Employed
10/26/2017	Gregg Lisciotti 83 Orchard Hill Park Dr. Leominster, MA 01453	500.00	Self-Employed Real Estate Developer
10/31/2017	Dean Tran - CTE 44 Tibbett Circle Fitchburg, MA 01420	100.00	Massachusetts State Senator Worcester-Middlesex District

Line 9: Total Rece	ipts over \$50 (or listed above)	762.00	
ine 10: Total Rece	ripts \$50 and under* (not listed above)	853.00	
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	1,615.00	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		Patrician Carlot	
Processor State of the State of			
The state of the s		Paramilla Constitution of Constitution (Constitution of Constitution of Consti	
** - 10077 - 7007 - 7008 - Octobridade de descripción de la constitución de la constituci			
		plane of the forest country of the c	
Line 9: Total Recei	pts over \$50 (or listed above)	0	
Line 10: Total Recei	ipts \$50 and under* (not listed above)	0	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	1,615.00	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)							
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount			
11/1/2017	FACEBOOK		ADVERTISING	111.91			
11/1/2017	HOLDEN LANDMARK CORP.	1105A MAIN ST. HOLDEN, MA 01520	ADVERTISING	665.00			
11/3/2017	LOWELL SUN	491 DUTTON ST. LOWELL, MA 01854	ADVERTISING	999.60			
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	1,776.51			
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	0			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	1,776.51			

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid	A.1.	D CF 11	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Control of the Contro				
	A Control of the State of the S			
			Children Court of Court	
		Production and a control of the cont		
- Andrew - A				
		Line 12: Expenditures over \$50	(or listed above)	0
		Line 13: Expenditures \$50 and u	under* (not listed above)	0
		Line 14: TOTAL EXPENDIT		1,776.51

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Work was a second and a second				
				The state of the s
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	78.37
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	78.37

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
12/31/2015	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	Ink, Paper supplies, Etc.	\$268.02
12/31/2016	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	Nor-East Designs Signs, Bumpers, etc.	\$4,830.75
12/31/2016	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	U.S. Post Office Stamps 17rolls of 100	\$996.63
6/17/2016	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	July 4th Parade Fee 2016	\$75.00
12/31/2016	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	Staples Printing Supplies	\$2,910.68
12/31/2016	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	Advertising WPKZ	\$350.00
10/01/2016	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	Misc. Small Items	\$213.16
10/06/2016	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	Loan From Candidate	\$2,412.00
6/21/2017	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	Nor-East Designs	\$276.00
7/22/2017	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	Nation Builder App	\$29.00
9/04/2017	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	Walgreens - T-Shirts	\$100.00
9/12/2017	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	Staples - Outdoor Banners, labels, tri-folds, etc.	\$781.05
09/13/2017	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	P.O. Leominster - Postcards Qty3 @ \$34.00ea	\$102.00
10/26/2017	Thomas F. Ardinger	12 Narcissus rd. Leominster, MA 01453	Advertising WPKZ	\$274.00
	Enter on page 1, line 7	T→ Line 18: TOTAL OUTST	FANDING LIABILITIES (ALL)	\$13,618.29



Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

ef h	****	cpa	eits

ty or Town Clerk or Election Commission Please print or type	all informati	on, except sig	LEON natures.	INSTER, M	Å	
Fill in dates: Month Date Reporting Period Beginning 10 31	2017	Ending_	Month 12	31	201	7
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding of the control	election 🗆	30 day after e	lection	Øyear-end re	port □dis	solutio
Cody Daniel Caisse Full Name of Candidate (if applicable) School Committee AT Large Office Sought and District 350 Union Street Residential Address Leominster, Ma 01453 Tel. No. (optional)		Patrice Name of 35 Ba	Committe Commit Comm	tee Name Calssettee Treasurer Ancling Address Ma 014		isse
SUMMARY BAL Line 1: Ending balance from properties and the properties this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 minutes) Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used	period (page 2), line 4) sthis period (page 4) sthis period (page 4)	eport ine 11) age 3, line 14) od (page 4)	\$_ \$_ \$_	188.93 188.93 -0- 188.93	之 之 之 一 一	
davit of Committee Treasurer: nify that I have examined this report including attached schedules and it is nee activity, including all contributions, loans, receipts, expenditures, disbu- paign finance activity of all persons acting under the authority or on behalf Signed under the persons active standard signed under the signed u	irsements, in-kind of this committee	contributions and in accordance wi	l liabilities th the requ	for this reporting po	eriod and represe c. 55.	npaign nts the
FOR CANDIDATE FILINGS	ONLY: (CA	NDIDATE MUS	T SIGN B	ELOW)		<u></u>

Affidavit of Candidate: (check 1 box only)	•			
☐ Candidate with Committee and no activity independent	of the committee			• •
I certify that I have examined this report including attached sch-	edules and it is, to the best of	my knowledge and beli	ef, a true and complete sta	itement of all campaign
finance activity, of all persons acting under the authority or on	behalf of this committee in ac	cordance with the requi	rements of M.G.L. c. 55.	I have not received any
contributions, incurred any liabilities nor made any expenditures	on my behalf during this repo	orting period.		
Candidate without Committee OR Candidate with independent	endent activity filing separa	te report		
I certify that I have examined this report including attached sche	dules and it is, to the best of i	my knowledge and belie	f, a true and complete stat	tement of all campaign
finance activity, including contributions, loans, receipts, expend	itures, disbursements, in-kind	contributions and liabil	ities for this reporting per	riod and represents the
campaign finance activity of all persons acting under the authorit	y or on behalf of this commit	tee in accordance with th	e requirements of M.G.L.	. c. 55.
Signed und	er the penalties of perjury:			, or
Colly Cause		•	01-21-2010	5
Candidate signature (in ink)			Date	



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

2019 JAN 25 PM 4: 16

City or Tov	wn of: Leominste	CITY CLERK	S OFFICE
Fill in Repo	orting Period dates: Beginnin	ng Date: 10/2/// Endin	g Date: 12/3///
Type of R	eport: (Check one)		
. 1		20th Jan 6-11 1 (□ 601 1
1 3	preceding Sth day preceding enary/primary	election 30th day following election (Town or Special)	on 20th day of January (Year-End Report)
			(a
 I certify the I certify the and do not 	G.L., Chapter 55: at I am a candidate for or hold Municipa at I have not received any contributions, have a campaign fund in existence. at I do not have a political committee.	l Office. made any expenditures, or incurred any of	oligations during this reporting period,
DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
	Signed under the penalties of perjury	(Street and Number)	
1-25-18	Rihardylankune	Leominsh MA	ward 5 City Count
	25		
,			



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

2018 JAN 29 AM 9: 31

Commonwealth
el Massachusett

File with:

LEOMINSTE OFFICE

City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Ending Reporting Period Beginning Type of report: (Check one) ☐30 day after election Dyear-end report ☐ dissolution ☐8th day preceding election ☐8th day preceding preliminary Ormier Committee Name Full-Name of Candidate (if applicable) Office Sought and District Committee Mailing Address Residential Address MA Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Enterprise & Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signa (ure (in ink) FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)
☐ Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.C.L. c. 55. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
☐ Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:
1/27 roll
Candidate signature (in ink)



Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

2018 FEB 16 AM 9: 42

Massachusetts	CITY CLERK'S OFFICE
le with: ty or Town Clerk or Election Commission Please print or type all	LEOMINSTER, MA information, except signatures.
Fill in dates: Month Date Reporting Period Beginning 17 6	Year Month Date Year 2017 Ending 12 31 2017
Type of report: (Check one)	
☐8th day preceding preliminary ☐8th day preceding elec	tion 30 day after election Year-end report dissolution
John M. Dombrowski	NA
Full Name of Candidate (if applicable) Councils At Large	Committee Name
Office Sought and District 41 Washington St., Leonanster	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from prevalue 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus labeled and contributions the Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used	(page 2, line 11)
rtify that I have examined this report including attached schedules and it is, to	
isurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ON	NLY: (CANDIDATE MUST SIGN BELOW)
avit of Candidate: (check I box only) andidate with Committee and no activity independent of the committee	
ify that I have examined this report including attached schedules and it is, to the	

Affidavit of Candidate: (check 1 box only)		
Candidate with Committee and no activity independent of the committee	2.4	

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

Candidate signature (in ink)



File with:

Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

2018 FEB 16 AM 10: 43

ty or Town Clerk or Election Commission Please print or type al	l information, except sign	atures.	LIT, MA
Fill in dates: Month Date Reporting Period Beginning	Yer Ending	Month Date	Year
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding ele	ection 30 day after ele	ection	dissolut
Full Name of Candidate (if applicable) Office Sought and District	Jecorny Mame of Mathan P. for	to elect Nathanistee Name Sucstal Committee Treasurer Laino, Comallic	
Residential Address HIT Mechanic St Leoman Ster Tel. No. (optional)	978-22 7	tee Mailing Address - 6357 Tel. No. (o	ptional)
Line 1: Ending balance from pro Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus	(page 2, line 11) eriod (page 3, line 14)	S 25.0 \$ 25.0 \$ 25.0 \$ 25.0	· • ·
Line 6: Total in-kind contributions of Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used	ities (page 4)	\$	
Idavit of Committee Treasurer: rtify that I have examined this report including attached schedules and it is, to not activity, including all contributions, loans, receipts, expenditures, disburse paign finance activity of all persons acting under the authority or on behalf of Signed under the pensional signature (in ink)	ements, in-kind contributions and l this committee in accordance with	liabilities for this reporting period	and represents the
FOR CANDIDATE FILINGS O	NLY: (CANDIDATE MUST	SIGN BELOW)	
lavit of Candidate: (check 1 box only) andidate with Committee and no activity independent of the committee ify that I have examined this report including attached schedules and it is, to the ce activity, of all persons acting under the authority or on behalf of this commitations, incurred any liabilities nor made any expenditures on my behalf during indidate without Committee OR Candidate with independent activity fill fy that I have examined this report including attached schedules and it is, to the ce activity, including contributions, loans, receipts, expenditures, disbursenting ign finance activity of all persons acting under the authority or on behalf of the Signed under the penalties of	nittee in accordance with the requing this reporting period. ng separate report he best of my knowledge and belie ts, in-kind contributions and liabi is committee in accordance with the	rements of M.G.L. c. 55. I have n if a true and complete statement of lities for this reporting period and	of all campaign
date signature (in ink)		Date	_

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo
8/20/2017	Committy to elec Michael Kushmere	<i>(</i>	Confribution	\$25
	·			
				,
	•			
		-		
		Line 12: Ex	spenditures over \$50	
		Line 13: Ex	penditures \$50 and under*	- 10

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.